

Exhibit 33

Patient L Nursing Notes
And L. Allen Report

Patient Name: L
Patient #: 266295

Printed on: 08/10/05 15:38:37
User Name: LNR9920

Detail Notes Log

KB - LNR3890: MOWEN ALIC - 08/08/05 23:01 -	Admit : From ER
KB - LNR3890: MOWEN ALIC - 08/08/05 23:01 -	Admit : Per W/C
TKB - LNR3890: MOWEN ALIC - 08/08/05 23:01 -	GA : 20 / 2
TKB - LNR3890: MOWEN ALIC - 08/08/05 23:01 -	G/P : 1 / 0
KB - LNR3890: MOWEN ALIC - 08/08/05 23:02 -	Comment : Pt of Dr Ritten edc 12/22/05
KB - LNR3890: MOWEN ALIC - 08/08/05 23:02 -	Comment : DOB 3/23/87
KB - LNR3890: MOWEN ALIC - 08/08/05 23:02 -	Comment : KNA 5'4 160#
KB - LNR3890: MOWEN ALIC - 08/08/05 23:03 -	Comment : Pt arrives with concerns of vaginal bleeding
TKB - LNR3890: MOWEN ALIC - 08/08/05 23:09 -	R : 16
TKB - LNR3890: MOWEN ALIC - 08/08/05 23:09 -	P : 107
TKB - LNR3890: MOWEN ALIC - 08/08/05 23:09 -	BP : 120 mmHg / 61 mmHg
KB - LNR3992: WAGER BARB - 08/08/05 23:19 -	Comment : No prenatal records available on pt. Denies any allergies to medications.
KB - LNR3992: WAGER BARB - 08/08/05 23:21 -	Comment : Pt EDC per pt is 12/22/05. However pt states the first day of her last menstrual period was on March 21 which places her EDC as 12/27 making her 19.5 weeks.
KB - LNR3992: WAGER BARB - 08/08/05 23:23 -	Comment : Pt here with c/o bleeding when asking pt how much bleeding she has had she states "not a lot" Did not have to wear a pad. Pt states it was "medium red and was mostly when she wiped"
KB - LNR3992: WAGER BARB - 08/08/05 23:24 -	States the Comment : amt on her underwear was the size of a pencil eraser. Pt states during this pregnancy she has been unable to feel baby move yet.
KB - LNR3992: WAGER BARB - 08/08/05 23:25 -	Comment : Pt denies having a gush of fluid. Pt states she last had sex about 2 weeks ago. Pt denies feeling cramping, back ache or pressure.
KB - LNR3992: WAGER BARB - 08/08/05 23:27 -	FHR Eval(Auscultation) : 145 bpm / Regular
TKB - LNR3992: WAGER BARB - 08/08/05 23:28 -	R : 18
TKB - LNR3992: WAGER BARB - 08/08/05 23:28 -	P : 102
TKB - LNR3992: WAGER BARB - 08/08/05 23:28 -	BP : 114 mmHg / 65 mmHg
KB - LNR3992: WAGER BARB - 08/08/05 23:29 -	Comment : Pt states around 5pm today she went to the bathroom and "had pressure and it felt like a ball was coming out of my vagina." States that is when the bleeding started.
KB - LNR3992: WAGER BARB - 08/08/05 23:30 -	Comment : No active bleeding noted to external labia. No blood on pt underwear or on blue chux.
KB - LNR3992: WAGER BARB - 08/08/05 23:30 -	Comment : ABD palpates soft and non-tender.
TKB - LNR3992: WAGER BARB - 08/08/05 23:45 -	Membranes : Bulging /
KB - LNR3992: WAGER BARB - 08/08/05 23:46 -	Comment : Unable to determine cervix due to bulging membranes. Pt placed in trendelenberg.
KB - LNR3992: WAGER BARB - 08/08/05 23:48 -	Obstetrician : Paged
KB - LNR3992: WAGER BARB - 08/08/05 23:49 -	Obstetrician : Responded to Page
KB - LNR3992: WAGER BARB - 08/08/05 23:49 -	Obstetrician : Report Given
KB - LNR3992: WAGER BARB - 08/08/05 23:49 -	Obstetrician : Orders Received
KB - LNR3992: WAGER BARB - 08/08/05 23:49 -	Comment : Reported unable to determine cervix, believed she may be complete but bag of water is bulging, pt not feeling any UC, none per toco and pt placed in trendelenberg. Orders given.
KB - LNR3992: WAGER BARB - 08/08/05 23:49 -	Comment : Reported pt GA per pt, VS, able to get FHTs at 145bpm on doppler, pt has not been feeling baby move yet with pregnancy.
TKB - LNR9712: PALMETER C - 08/08/05 23:50 -	Primary IV Initiated: R Hand / 18G 1 1/4" / LR 1000 / Bag #1
KB - LNR3992: WAGER BARB - 08/09/05 00:02 -	Teaching : Fetal Response / V
KB - LNR3992: WAGER BARB - 08/09/05 00:02 -	Teaching : IV Therapy / V
KB - LNR3992: WAGER BARB - 08/09/05 00:02 -	Teaching : Pain Management / V
KB - LNR3992: WAGER BARB - 08/09/05 00:02 -	Teaching : Plan Of Care Discussed / V
KB - LNR3992: WAGER BARB - 08/09/05 00:02 -	Teaching : Secure Personal Belonging / V
KB - LNR3992: WAGER BARB - 08/09/05 00:02 -	Teaching : Orient Room/Visit Policy / V



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Detail Notes Log

<p>_KB - LNR3992:WAGER BARB - 08/09/05 00:04 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 00:04 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 00:04 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 00:31 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 00:31 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 00:31 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 00:31 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 00:32 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 00:33 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 00:33 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 00:33 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 00:33 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 00:37 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 00:40 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 00:40 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 00:40 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 00:40 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 01:05 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 01:06 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 01:09 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 01:09 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 01:10 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 01:15 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 01:17 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 01:18 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 01:22 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 01:22 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 01:22 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 01:28 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 01:31 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 01:35 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 02:10 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 02:10 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 02:10 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 02:11 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 02:11 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 02:36 -</p> <p>_KB - LNR3992:WAGER BARB - 08/09/05 02:36 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 03:06 -</p> <p>TKB - LNR3992:WAGER BARB - 08/09/05 03:06 -</p>	<p>Comment : Discussed with pt that her membranes were bulging through the cervix and I was not able to tell how far dilated she was. Due her gestational age there was not a lot we could do other than place her in trendelenberg and hope that her bag of water rescinds and maybe she could make it a few more weeks. Explained to pt also that there was a great possibility she may lose the pregnancy and baby</p> <p>Comment : Pt was teary eyed and verbalized understanding. Explained to her to please ask any and all questions and that <u>Dr. Ritten would be in first thing in the morning.</u></p> <p>R : 18 P : 96 T : 100.6 BP : 121 mmHg / 71 mmHg Mode : TOCO / Repositioned Mode : TOCO / Adjusted Contractions : None Felt Per Patient Contractions : None Per Toco Comment : Pt denies pain or discomfort at this time, denies any cramping, states that the pressure she felt in her vagina earlier is gone. Obstetrician : Paged Obstetrician : Responded to Page Obstetrician : Report Given Obstetrician : Orders Received Comment : Reported pt temp of 100.6 orally. Orders given. In Bed : On Bedpan Contractions : None Felt Per Patient R : 18 T : 98.8 FHR Eval(Auscultation) : 150 bpm / Regular Comment : Pt denies feeling cramping or tightening, states she just feels pressure like she has to pee. Output : Voided on Bedpan Large (text) Yellow Urine In Bed : Off Bedpan Mode : TOCO / Repositioned Mode : TOCO / Adjusted Comment : Pt states she feels constant pressure and rubs along suprapubic area. Comment : Pt support person out of room at this time. Asked pt if it was her mother who was with her tonight, pt said no it was the father of the baby's mother. Pt then asked me "can you break my water" Comment : asked pt what she meant by that. Pt states "like an abortion" "can you just break my water" Asked pt if FOB was involved pt states no, they have been fighting since the day she found out she was pregnant and he would not be coming here to see her. Asked pt if she wanted this pregnancy, pt states "no, not really so I guess I'm ok with what happens" Pt teary eyed. Pain Assess : Back Pain Intervention : Medication Offered Intervention : Position Change Comment : Pt denies need for pain medication, states she thinks lying on her side will help. In Bed : Right Lateral Contractions : None Felt Per Patient Contractions : None Per Toco R : 18 T : 98.2</p>
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Detail Notes Log

KB - LNR3992:WAGER BARB	-	08/09/05	03:06	-	Temp Method : Oral
TKB - LNR3992:WAGER BARB	-	08/09/05	03:06	-	In Bed : On Bedpan
TKB - LNR3992:WAGER BARB	-	08/09/05	03:10	-	Output : Voided on Bedpan Quantity Sufficient (text)
_KB - LNR3992:WAGER BARB	-	08/09/05	03:12	-	FHR Eval(Auscultation) : 140 bpm / Regular
TKB - LNR3992:WAGER BARB	-	08/09/05	03:14	-	P : 82
TKB - LNR3992:WAGER BARB	-	08/09/05	03:14	-	BP : 111 mmHg / 75 mmHg
TKB - LNR3992:WAGER BARB	-	08/09/05	03:15	-	Report Given: To Nurse: CURTISS
_KB - LNR9866:CURTISS TA	-	08/09/05	04:23	-	Contractions : None Per Toco
_KB - LNR9866:CURTISS TA	-	08/09/05	04:30	-	Comment : patient resting quietly with eyes closed
TKB - LNR9866:CURTISS TA	-	08/09/05	04:30	-	IV Status : Infusing Well / Unremarkable /
_KB - LNR9866:CURTISS TA	-	08/09/05	05:21	-	Contractions : None Per Toco
TKB - LNR9866:CURTISS TA	-	08/09/05	05:58	-	T : 99.0
TKB - LNR9866:CURTISS TA	-	08/09/05	05:59	-	In Bed : Right Lateral
TKB - LNR9866:CURTISS TA	-	08/09/05	05:59	-	In Bed : Trendelenberg
_KB - LNR9866:CURTISS TA	-	08/09/05	05:59	-	Contractions : None Felt Per Patient
_KB - LNR9866:CURTISS TA	-	08/09/05	05:59	-	Contractions : None Per Toco
_KB - LNR9866:CURTISS TA	-	08/09/05	05:59	-	Comment : patient resting comfortably, no complaints
TKB - LNR3890:MOWEN ALIC	-	08/09/05	06:24	-	Output : Voided on Bedpan Moderate (text)
_KB - LNR0516:MILLER CHE	-	08/09/05	08:23	-	Contractions : None Felt Per Patient
_KB - LNR0516:MILLER CHE	-	08/09/05	08:23	-	Contractions : None Per Toco
TKB - LNR0516:MILLER CHE	-	08/09/05	08:25	-	R : 18
TKB - LNR0516:MILLER CHE	-	08/09/05	08:25	-	P : 92
TKB - LNR0516:MILLER CHE	-	08/09/05	08:25	-	T : 98.8
TKB - LNR0516:MILLER CHE	-	08/09/05	08:25	-	BP : 108 mmHg / 65 mmHg
_KB - LNR0516:MILLER CHE	-	08/09/05	08:29	-	FHR Eval(Auscultation) : 152 bpm / Regular
_KB - LNR0516:MILLER CHE	-	08/09/05	08:37	-	Obstetrician : Vag Exam Performed
_KB - LNR0516:MILLER CHE	-	08/09/05	08:37	-	Obstetrician : At Bedside
_KB - LNR0516:MILLER CHE	-	08/09/05	08:37	-	Comment : Dr Ritten
_KB - LNR0516:MILLER CHE	-	08/09/05	08:37	-	Comment : Small amt of clear fluid noted on exam glove as Dr Ritten was checking pt.
_KB - LNR0516:MILLER CHE	-	08/09/05	08:38	-	Comment : States he feels no cervix, only bulging membranes.
TKB - LNR0516:MILLER CHE	-	08/09/05	08:46	-	In Bed : On Bedpan
TKB - LNR0516:MILLER CHE	-	08/09/05	08:46	-	Output : Voided on Bedpan Moderate (text) Clear Urine
_KB - LNR0516:MILLER CHE	-	08/09/05	08:46	-	Comment : Feeling occ. cramping.
_KB - LNR0516:MILLER CHE	-	08/09/05	09:40	-	Teaching : Plan Of Care Discussed / V
_KB - LNR0516:MILLER CHE	-	08/09/05	09:40	-	Sterile Speculum Exam : small amt of bloody fluid noted. Slides obtained for ferning.
_KB - LNR0516:MILLER CHE	-	08/09/05	09:54	-	Sterile Speculum Exam : Neg ferning. Confirmed by T. Curtiss RN.
KB - LNR0516:MILLER CHE	-	08/09/05	10:21	-	Comment : Dr Allen at bedside for consultation/second opinion.
KB - LNR0516:MILLER CHE	-	08/09/05	10:22	-	Comment : Dr Allen at bedside.
_KB - LNR0516:MILLER CHE	-	08/09/05	10:22	-	Sterile Speculum Exam : Sm. amt of bloody fluid noted on spec. Cultures(aerobic an anaerobic) obtained per Dr. Slides obtained for ferning.
TKB - LNR0516:MILLER CHE	-	08/09/05	10:30	-	T : 98.8
_KB - LNR0516:MILLER CHE	-	08/09/05	10:34	-	Sterile Speculum Exam : per Dr Allen...neg ferning on slides that she obtained.
_KB - LNR9866:CURTISS TA	-	08/09/05	10:41	-	Comment : patient c/o cramping that comes and goes, toco adjusted, abdomen soft to palpation, iv increased
_KB - LNR0516:MILLER CHE	-	08/09/05	11:30	-	Comment : Pt put call light on. States that Dr Allen discussed different ways that her preg. could be managed. One of those options was to break her water and deliver her. Pt states that she has decided this is
KB - LNR0516:MILLER CHE	-	08/09/05	11:30	-	Comment : what she wants to do.
TKB - LNR0516:MILLER CHE	-	08/09/05	11:32	-	Pain Assess : Back Pain
KB - LNR0516:MILLER CHE	-	08/09/05	11:32	-	Pain Scale : 7
TKB - LNR0516:MILLER CHE	-	08/09/05	11:32	-	Patient : Requests Medication
KB - LNR0516:MILLER CHE	-	08/09/05	11:35	-	Comment : Dr Ritten paged.
KB - LNR0516:MILLER CHE	-	08/09/05	11:39	-	Comment : Dr Ritten responded to page. Informed of pt's decision to have her water broken and end pregnancy and her request for pain rx. Informed that transfer to another facility for delivery would be needed.

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Patient Name: L
Patient #: 266295

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Detail Notes Log

KB - LNR0516:MILLER CHE - 08/09/05 11:39 -	Comment : States he will be in to see pt. Orders received for pain rx.
KB - LNR0516:MILLER CHE - 08/09/05 11:40 -	Comment : US here to take pt to diagnostic imaging. Pt has decided that she does not want the US done. Dr Allen notified.
TKB - LNR0516:MILLER CHE - 08/09/05 11:50 -	Demerol 50 mg IV Slow Push
TKB - LNR0516:MILLER CHE - 08/09/05 11:50 -	Phenergan 25 mg IV
KB - LNR0516:MILLER CHE - 08/09/05 12:01 -	FHR Eval(Auscultation) : 152 bpm / Regular
TKB - LNR0516:MILLER CHE - 08/09/05 12:01 -	R : 18
TKB - LNR0516:MILLER CHE - 08/09/05 12:01 -	P : 108
TKB - LNR0516:MILLER CHE - 08/09/05 12:01 -	BP : 118 mmHg / 72 mmHg
KB - LNR0516:MILLER CHE - 08/09/05 12:25 -	Patient Response : More Comfortable
KB - LNR0516:MILLER CHE - 08/09/05 12:54 -	Patient Response : Sleeping
KB - LNR0516:MILLER CHE - 08/09/05 13:35 -	Comment : Dr Ritten in dept. Informed him that pt needs to be evaluated and arrangements made for transfer to another facility. Dr left dept stating he needs to go to OR for a case and will be back.
TKB - LNR0516:MILLER CHE - 08/09/05 13:56 -	T : 99.0
KB - LNR0516:MILLER CHE - 08/09/05 13:56 -	Comment : Pt denies pain at this time.
KB - LNR0516:MILLER CHE - 08/09/05 13:57 -	Obstetrician : Paged
KB - LNR0516:MILLER CHE - 08/09/05 14:04 -	Comment : Dr Ritten responded to page. Informed him that pt is asking what plan of care is. Reminded him that pt needs to be evaluated and arrangements made for transfer. States he needs to talk with Mr Buxton
KB - LNR0516:MILLER CHE - 08/09/05 14:08 -	Comment : Scott Mango updated
KB - LNR0516:MILLER CHE - 08/09/05 15:06 -	Comment : Dr Ritten called. States Hurley attending not willing to accept transfer. States he will call me back as soon as he can.
KB - LNR0516:MILLER CHE - 08/09/05 15:35 -	Obstetrician : In Department
KB - LNR0516:MILLER CHE - 08/09/05 16:10 -	Comment : Dr Ritten at bedside. Explained to her that she could go home and wait for water to break or contractions to get stronger, which he told her he wouldn't advise or stay here and wait to see what happen
KB - LNR0516:MILLER CHE - 08/09/05 16:10 -	Comment : If her temp spikes or we are no longer able to get FHT's then he could more aggressively manage her and break her water to get her delivered. Told pt to discuss w/ her family and he would be back.
TKB - LNR0516:MILLER CHE - 08/09/05 16:11 -	R : 16
TKB - LNR0516:MILLER CHE - 08/09/05 16:11 -	P : 94
TKB - LNR0516:MILLER CHE - 08/09/05 16:11 -	T : 99.8
TKB - LNR0516:MILLER CHE - 08/09/05 16:11 -	BP : 113 mmHg / 68 mmHg
KB - LNR0516:MILLER CHE - 08/09/05 16:11 -	FHR Eval(Auscultation) : 160 bpm / Regular
KB - LNR0516:MILLER CHE - 08/09/05 16:11 -	Contractions : Occasional
KB - LNR0516:MILLER CHE - 08/09/05 16:11 -	Contractions : Cramping
KB - LNR0516:MILLER CHE - 08/09/05 16:31 -	Comment : Up to the BR. Voided q.s. mod amt bloody fluid on chux.
TKB - LNR0516:MILLER CHE - 08/09/05 16:31 -	Pain Assess : Contractions
TKB - LNR0516:MILLER CHE - 08/09/05 16:31 -	Patient : Requests Medication
TKB - LNR0516:MILLER CHE - 08/09/05 16:43 -	Demerol 50 mg IV Slow Push
TKB - LNR0516:MILLER CHE - 08/09/05 16:43 -	Phenergan 25 mg IV Slow Push
KB - LNR0516:MILLER CHE - 08/09/05 17:00 -	Patient Response : Dozing
KB - LNR0516:MILLER CHE - 08/09/05 17:00 -	Patient Response : More Comfortable
KB - LNR0516:MILLER CHE - 08/09/05 17:17 -	Comment : Dr Ritten notified of WBC count and pt 99.8. Orders received to monitor temp and notify Dr if above 100.4 or any change in status.
KB - LNR1431:SKELLENGER - 08/09/05 17:29 -	Comment : large amount of red blood on chux, covering most of pad
KB - LNR1431:SKELLENGER - 08/09/05 17:35 -	Comment : pt c/o that iv site is tender, very slight pink at site, no swelling or edema, iv infusing well
KB - LNR0516:MILLER CHE - 08/09/05 17:42 -	Comment : pt c/o abd tenderness on palpation. Mod amt of bleeding on chux.
KB - LNR1431:SKELLENGER - 08/09/05 18:03 -	FHR Eval(Auscultation) : 184 bpm / Regular
TKB - LNR1431:SKELLENGER - 08/09/05 18:04 -	R : 18

LAPEER REGIONAL HOSPITAL
LAPEER, MICHIGAN
MEDICAL RECORD

REQUEST FOR CONSULTATION TO: Lisa Allen, DO

DATE OF CONSULTATION: 08/09/2005

CONSULTATION REQUESTED BY:

Nursing. Evaluation of patient requested through Administration.

HISTORY OF PRESENT ILLNESS:

The patient is seen in labor and delivery. She is an 18-year-old white female, gravida 1, para 0, with a last menstrual period approximately 3/21/2005 and an EDC stated by the patient of 12/22/2005. The patient states that she had some pressure on the night prior, 8/8/2005, at approximately 5 to 5:30 p.m. when she was urinating. She felt as if she may have a small bulge in the area. The patient did complain of the bulging or pressure feeling for only a short period of time and stated that it went away; but it had initially felt like there was a ball sitting in the vaginal area. Subsequent to that, the patient noticed bleeding, bright red, just when she wiped. She did admit to leakage of some fluid vaginally, stating that she had enough that had wet her panties and required that she change them, although she had no continued leaking from that point on.

By history, this is the patient's first pregnancy. She had a positive pregnancy test when she states she felt she was approximately 6 weeks along. She had regular menstrual cycles. She admits that she had an ultrasound, which she believes was on 7/27, and placed her at 18 weeks 6 days, per history of the patient. She denies that she has had any fetal movement. She states that she has had some cramping, but not even as much as what she would feel during a menstrual cycle. She denied any continual leakage of fluid but did admit that there continues to be blood when the patient wipes intermittently.

PAST MEDICAL HISTORY:

Negative.

SOCIAL HISTORY:

She admits to 1 pack of cigarettes per day, both prior to and during the pregnancy. The patient has a support person; the mother of her baby's father is present in the room.

ALLERGIES:

No known drug allergies.

CURRENT MEDICATIONS:

Prenatal vitamins.

FAMILY HISTORY:

The patient denies any significant medical problems.

PHYSICAL EXAMINATION:

VITAL SIGNS: At 12:30 a.m., her temperature was 100.6; pulse 96; respirations 18; and blood pressure 121/71. Currently, her temperature is 98.8. The

Pt: L
Acct: 0679349
Adm: 08/08/2005
Room:
Consults

DOB: 03/23/1987
MR#: 266295
Serv: OBV

LAPEER REGIONAL HOSPITAL
LAPEER, MICHIGAN
MEDICAL RECORD

temperature's highest level has been 99 through the night; her pulse is 92; respirations are 18; and blood pressure is 108/65.

GENERAL: The patient is alert and oriented, pleasant, and appears in no acute distress.

ABDOMEN: Soft, with a fundal height approximately at the umbilicus. No tenderness to palpation.

EXTERNAL GENITALIA/VAGINA: No abnormality. There is a small amount of dried blood on the vulva. A bimanual examination reveals a plum-sized bulge consistent with a bag of water in the vaginal vault. The cervix could not be easily palpated behind this, although palpation accomplished was felt to be approximately 2-cm dilated. No lubricant was used upon our examination. A speculum was gently placed within the vagina. A small pool of dark-red blood was noted in the vaginal vault. Vaginal cultures were obtained as well as fluid for ferning; 3 slides were made. These were dried for more than 10 minutes and were examined in their entirety, without any evidence of any ferning. There were red blood cells on the slide but no appreciable bacteria and no areas of ferning.

EXTREMITIES: Extremities revealed no gross edema.

I discussed with the patient our findings, that the patient did not appear to be ruptured, however there was hourglassing of the membranes. There had been noted to be positive fetal heart tones on the last fetal-heart-tone check, and there was palpable fetal movement noted. I discussed with the patient various options for treatment as well as the current nonviability of the pregnancy. We discussed expectant management, continuing the patient in Trendelenburg; expectant management without bed rest; possible evaluation by the patient's physician for replacement of the membranes and cerclage; and the option of termination with transfer to another facility. The patient did understand that there would be an increased risk of infection if there were rupture of the fetal membranes; and that even though all of our testing was negative, ferning is not 100% accurate, although examination x 2 had failed to reveal any ferning. The patient was quite unsure as to whether she wished any intervention or expectant management at this time. I have encouraged her to discuss all options with her physician.

I did review all records, including the patient's ultrasound, which was concurrent with the patient's dates.

IMPRESSION:

1. Intrauterine pregnancy at 20 weeks and 2 days.
2. Prolapse of the fetal membrane.

RECOMMENDATIONS:

1. Expectant management.
2. Obtain ultrasound to evaluate cervical length, dilation, and amniotic-fluid volume.
3. Recommend expectant management as the patient reviews her options.

Lisa Allen, DO / lc/215

D: 08/09/2005 10:15:55 CST, Job: 26100

Pt: L
Acct: 0679349
Adm: 08/08/2005
Room:
Consults

DOB: 03/23/1987
MR#: 266295
Serv: OBV

Disch:

APPENDIX

Abbreviations Guide for Nursing Notes

ABD	Abdomen
AROM	Artificial Rupture of Membranes
BP	Blood Pressure
C/O	Complains of
EDC	Estimated conception date
ER	Emergency Room
FHR	Fetal Heart Rate
GA	Gestational age of fetus
O2	Oxygen
P	Pulse
PT	Patient
R	Respiration
SROM	Spontaneous Rupture of Membranes
T	Temperature
Toco	Tocodynamometer – a device for measuring fetal heart tones.
Trendelenberg	Position in which patient lies with elevated hips
UC	Uterine Contractions